Centralized Intake Best Practices Guide

Early Childhood Iowa
Quality Services and Programs Component group
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1. **What is a Centralized Intake?**
A centralized intake for family support programs provides one single point of entry for access, assessment and referral in a local area to family support services. The central intake gathers a brief screen from the family regarding their needs and strengths as well as the information necessary for referral. This enables the centralized intake to process the intake and refer the family to the most appropriate service based on the needs of the family and the availability and requirements of the service.

2. **The purpose of a Central Intake process**
The key to central intake is accessibility for consumers and the need for a central location in order to access services for themselves or family members. A central intake process is dedicated to helping people find their way, from the moment they contact the central location, from the time they are referred, and/or after screening. The role of the central intake staff is to assist families by determining the services and supports that are best suited for the family’s particular needs based on self referrals and referrals from other professionals such as primary care providers, hospitals, child care providers, central intake screeners, etc.

3. **The benefits of a Centralized Intake process**
   - Allows maximum usage of family support program services.
   - A single point of entry for families with all the family support programs that participate.
   - Referral sources can be assured that families will be linked to the most appropriate services available for them based on the family’s needs.
   - The referral process is uniform across the programs- one release of information, uniform screening process and a uniform mechanism for referral follow-up.
   - Central Intake creates a streamlined process for recruitment and allows family support workers to focus all efforts on the priority of providing direct services to families.
   - A centralized intake process promotes collaboration and prohibits turfism between programs.
   - A centralized intake eliminates duplication. With a central intake process family support workers are aware of what other services the families are receiving.

4. **Cautions of a Central Intake**
   - Typically funding is tied directly to the number of families served by the program. Giving up control of one’s program referrals is similar to giving up control of one’s checkbook. This is not an easy task; therefore, trust is essential.
   - Relationships between all programs involved in the central intake process is key to the success of the process.
It takes time to develop the process and to have buy-in from all stakeholders. Regular meetings are needed when first implementing a centralized intake for regular communication.

One organization needs to take the lead in convening the stakeholders and to keep the process moving.

A common release of information that all programs can use is challenging to achieve. Organizations will want their own legal counsel to review the release of information and there may need to be some modifications based on each organization’s legal review. It is a time consuming process that should not be underestimated.

5. **Barrier in developing a central intake and getting past them**

The hardest barrier to overcome in developing a central intake will be to create trusting and open relationships among services.

It is extremely important to show the funders that the duplication of services is being prevented by the central intake. If funders do not see the need, then there won’t be funding. It must be made clear that it reduces duplication, and offers families the best option for them as well as identifying gaps in services.

It is crucial to central intake development and implementation that service representatives:

- remain honest
- be as open minded as possible
- be able to see the bigger picture of how this system helps the entire community even if some decisions may not benefit your program.
- meet regularly
- keep moving forward
- keep the best interest of the people needing services in mind at all times
- have the support of from all levels (manager, direct service provider) within participating organizations

A central intake process may start without funding and focus on improved coordination and collaboration as the main key.

The central intake might begin without funding just as Partners for Parenting Families did. Each agency just worked together collaborating to ensure families receive the best option and reduced duplications. It took years to evolve to the funding they have now.

Currently with Partners for Parenting Families, the “screening” portion, central intake, is funded through their local empowerment, and since most areas have empowerment, this is something that empowerment could possibly look at as a best practice.

There are benefits in that the agency is able to maintain relationships with the hospitals and prenatal clinics, and get to have that first contact with the families. However, each
programs involvement is extremely important and there are more than enough families that need to be served, so collaboration is key.

There is a real need for someone to take the lead and keep the momentum up, as it is easy to get lost in normal daily work. An agency needs to have someone call meetings, do minutes, and be the go to person. Services must agree on who this will be.

Participation of services is solely on a voluntary basis. The services do not have to participate, but hopefully by continually inviting them, they will see the benefits, and even the networking that goes on. PPF even does cross trainings now. You may not get every service to participate, but it is important to keep inviting them over and over again. The services really do sell themselves.

6. The cost for setting up a Centralized Intake Process
As mentioned before, it is essential to identify a lead agency to oversee the Central Intake process. Dedicated staff is critical to the success of the central intake to keep the process moving. Dedicated staff will be depended on the size of the community involved in the central intake process.
Examples from local Central Intake process:
Staff: Visiting Nurse Services of Iowa
- VNS has two intake workers.

Training: The assessment workers are trained through HOPES Healthy families screening training. And intake workers are then trained on various programs that are part of the central intake process. This would include basic information about programs and criterion of program.

Funding: Funding comes from a variety of funding sources such as: Title V – Maternal Health, Community Empowerment and local public health. Much of the funding comes from the services based on the volume of referrals they receive.

Black Hawk Lutheran Services:
Staff: A central intake screener is paid by the local Empowerment Area and keep a workbook of hours logged. There are approximately 300 years per years.
Funding: A collaborative request for proposal is submitted to the local Empowerment Area for the central intake process. Last year the process was estimated at $21,000.

7. How to develop and implement a central intake step-by step
- Meet with interested stakeholders/partners and come to agreement on a common goal.
  - Programs will not necessarily volunteer to participate as the Central Intake may appear threatening. Programs need to sign an agreement that outlines
their responsibilities and the benefits their program will acquire. (sample agreements in appendix)

- Identify organization to be responsible for chairing Central Intake meetings.

- Identify a lead organization to convene stakeholders and be responsible for keeping the momentum moving forward.

- Assemble the innermost circle of stakeholders (decision makers) to discuss developing a centralized intake. The group needs to discuss the challenges and benefits of development and implementation.

- Develop an agreement among service providers
  - Service providers must agree to:
    - Designate a representative to attend planning team/central intake meeting
    - Designate representatives to attend referral meetings
    - Share responsibility of taking compete/accurate meeting notes and distributing them
    - Participate in the referral process
    - Remain confidential
    - Understand the basis for referrals

- Develop a screening tool all service providers can agree upon and understand. Many of the current central intake processes use the Healthy Families America Screening tool.

- Discuss referral processes and procedures and come to agreements on the exchanging information, timeliness parameters and consistent messaging to clients.

- Discuss the Central Intake process with funders to get buy-in.

- Discuss the process and begin work on the common release of information/referral form. (Polk County Central Intake Release of Information is included in Appendix). Beginning with this release as a template, will put agencies several steps ahead.

- Determine which organization has the capacity or the potential of capacity to serve as the centralized intake. Reinforce that all referral distributions will go through a Central Intake Resource Team -a group comprised of representatives from each of the agencies. Contingency plans will need to be made for referrals that need immediate service and cannot wait a week for the distribution group to meet or worker assignments to be arranged.

- Typically, a centralized intake would need to have at least normal business hours if not extended hours. They need to have fax, voice mail, and email capacity to receive referrals at anytime. It is helpful (not necessary) to have a toll free number to make it easier to make referrals including self referrals.
• All programs need to be in agreement regarding which types of families will benefit most from their particular service as well as which service is most appropriate. The best interest of families is to be kept in mind and considered with every referral, rather not what is in the best interest of the program. Be aware as to what research has demonstrated concerning the effectiveness of the program model when dealing with certain populations and striving to achieve certain outcomes.

8. Meetings Process for Central Intake

• The Intake Resource Team needs to be prepared to meet weekly to process referrals. It is best to have a set time such as 9 am on Monday morning. Typically, this process will take less than an hour; however, there may be some weeks it will take longer depending upon the number of referrals that need processing. Group members must understand and accept that referrals must be processed regardless if some group members are unable to attend every meeting. Those unable to attend must take responsibility in getting their referrals to group members to process.

• Begin meeting with partners every month in beginning, then possibly meeting once every three months will be sufficient.

• At referral meetings, begin with referrals of highest risk level. Whoever is in charge of the intake/referral will continue with the assessment.

• The organizing group will need to meet frequently to develop a local plan and to ensure the central intake process is off to a good start. This group will eventually taper off to meeting as needed and finally, one annual meeting in order to review the process.

• It will be important to develop marketing pieces for the referral sources to understand the new process and buy into it. Because some referral sources may feel uncomfortable making referrals to someone they don’t know, marketing strategies will help inform referral sources of unknown services and ease their caution. It is helpful for the coalition of family support providers to have a name so they have an identity as a coalition. (VNS and Black Hawk County “Partners for Parenting Families” marketing examples are in Appendix).
9. **Handling situations as they arise**

How to handle when a referral comes straight to the program versus central intake or if someone refers a family to a specific service through centralized intake; however, the assessment shows they would be a better match for another service?

The program needs to agree to route these referrals to the central intake. Any variance to this arrangement needs to be clearly outlined in the Agreement. Families may have requests as to which services they would like to participate in. It is important to take note of these requests; however, the family must be screened, regardless of the service they request. After screening, inform the family of best matched services. All attempts should be made to direct family to best suited service. If they prefer a certain service over another one, allow them to go with the service they prefer. If there is a wait for this service, inform client of wait. If they prefer to wait, inform them of other services available to them and/or allow them to wait. However, if the service they requested is not the best suited service for the family, then that service should not be an option. Likewise, if a family is not eligible for a certain service due to income guidelines or for other reasons, do not offer this service to them. Keep in mind that the central intake’s purpose is to match families with the service “best suited” for them.

Although the family’s choice is of importance, the best use of funds takes precedence. It is important to direct the family to the service most appropriate for their needs. The family should try and participate in that service for a few months.

**Handling a situation in which it is felt a partner is offering less than high quality services**

This has to be dealt with directly and swiftly or it can derail the entire process. Remember, not all programs are created equally. Typically, it is not the entire program; rather, it is an individual worker within the program. To keep the trust in the coalition, it is important that agencies deal with personnel matters directly. Remain confidential and sensitive to personnel matters. Other members of the coalition may not know (and probably shouldn’t) the details of what the personnel issue is or how the organization is working on resolution. It is vital that group members share their concerns with the organization directly. The organization needs to acknowledge the concerns without breaching confidentiality. They may acknowledge the concern by agreeing that no additional referrals will go to the worker for a period of time. They may agree to provide additional supervision to the worker.